

<i>SERFF Tracking Number:</i>	<i>META-127655820</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49881</i>
<i>Company Tracking Number:</i>	<i>NY09-21 JD (LW)</i>		
<i>TOI:</i>	<i>H07G Group Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07G.001 Critical Illness</i>
<i>Product Name:</i>	<i>Critical Illness Insurance Advertisement</i>		
<i>Project Name/Number:</i>	<i>CI130.11/NY09-21 JD</i>		

## Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Critical Illness Insurance      SERFF Tr Num: META-127655820      State: Arkansas  
Advertisement

TOI: H07G Group Health - Specified Disease - Limited Benefit      SERFF Status: Closed-Approved-  
Closed      State Tr Num: 49881

Sub-TOI: H07G.001 Critical Illness      Co Tr Num: NY09-21 JD (LW)      State Status: Approved-Closed  
Filing Type: Form      Reviewer(s): Rosalind Minor

Authors: Sandra Bennett, Ruth

Rivera, Linda Williams

Date Submitted: 09/26/2011

Disposition Date: 10/04/2011

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: CI130.11

Project Number: NY09-21 JD

Requested Filing Mode: File & Use

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer, Association

Filing Status Changed: 10/04/2011

State Status Changed: 10/04/2011

Created By: Linda Williams

Corresponding Filing Tracking Number:

Filing Description:

Metropolitan Life Insurance Company

501 Route 22, Bridgewater Township, NJ 08807

Tel 908-253-2290 Fax 908-253-2126

wwilson@metlife.com

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: Linda Williams

SERFF Tracking Number: META-127655820 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 49881  
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Limited Benefit  
Product Name: Critical Illness Insurance Advertisement  
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Re: Critical Illness Insurance Advertisement  
Our NAIC Company No. is 65978  
Our FEIN is 13-5581829

Dear Sir/Madam:

We enclose final printed copy of the group critical illness insurance advertising material described below for filing. This material is new and does not replace any material previously filed with the Department. It was developed for use in connection with group critical illness policies issued and delivered to employers (the GPNP07-CI group policy series and GCERT07-CI certificate series which were deemed exempt by your Department on January 19, 2007. Brackets denote variability.

Form No. Description

CI130.11 E-Mail Solicitation. This is a personalized email that is sent out to MetLife participants which gives them the opportunity to find out about the MetLife Critical Illness product as well as enroll online.

Please address all correspondence regarding this filing as follows:

Metropolitan Life Insurance Company  
Institutional Contracts, MSC 39087  
1095 6th Avenue  
New York, NY 10036-6796

If you have any questions or comments that you feel could best be handled by contacting me, please feel free to do so via telephone, fax or e-mail (see upper left-hand corner of this letter).

Sincerely,

William D. Wilson  
Contract Analyst

Michael F. Tietz  
Vice-President

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## Company and Contact

### Filing Contact Information

William D. Wilson, Staff Analyst  
501 Route 22 908-253-2290 [Phone]  
Bridgewater, NJ 08807

### Filing Company Information

Metropolitan Life Insurance Company CoCode: 65978 State of Domicile: New York  
MetLife Group Code: 241 Company Type: Life  
1095 Avenue of the Americas Group Name: State ID Number:  
New York, NY 10036-6796 FEIN Number: 13-5581829  
(212) 578-2211 ext. [Phone]

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: \$50.00 for each Advertising piece.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company	\$50.00	09/26/2011	52144074

<i>SERFF Tracking Number:</i>	<i>META-127655820</i>	<i>State:</i>	<i>Arkansas</i>
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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved- Closed	Rosalind Minor	10/04/2011	10/04/2011

<i>SERFF Tracking Number:</i>	<i>META-127655820</i>	<i>State:</i>	<i>Arkansas</i>
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## Disposition

Disposition Date: 10/04/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Form</b>	E-Mail Solicitation	Approved-Closed	Yes

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Limited Benefit

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## Form Schedule

Lead Form Number: CI130.11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/04/2011	CI130.11	Advertising	E-Mail Solicitation	Initial			CI130.11.pdf

## E-mail

Hi [First Name],  
[XYZ Company] is pleased to offer:

[An enhanced MetLife Critical Illness Insurance program  
from the plan you were previously offered.  
Enroll from [Date] to [Date]

OR

[Critical Illness Insurance,  
a *voluntary benefit* from MetLife.]

[Please ***do not forward this email*** – only you will be able to successfully enroll through this process.]

### **Could you withstand the financial impact of a critical illness in your family?**

MetLife's coverage would protect you from the unanticipated costs of a serious illness. Should you or a family member experience a covered condition, [MetLife will provide a lump-sum benefit payment that you can use for any expenses that arise during or after treatment – even costs not covered under standard health insurance, like travel expenses and childcare fees.]

You have until [DATE]\* to take advantage of this one-time enrollment period. Provided you are actively at work and have medical insurance, your enrollment will be guaranteed. Select "Choose Coverage" below to begin a simple, personalized election process.\*\*

### **CLICK HERE FOR MORE INFORMATION**

\*Enrollment period ends [DATE], but by providing your response today you will be removed from receiving further reminders.

\*\* Please do not forward this email – only you will be able to successfully enroll through this process.

[If you have any questions, please call 1 800 GET-MET 8 (1-800-438-6388).]

## Privacy Policy

[MetLife Critical Illness Insurance (CII) is a limited group policy. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability vary by state. In most states, there is a 30 to 90 day waiting period after the effective date of coverage and a preexisting condition exclusion. In some states there is a benefit suspension period between covered conditions in different categories or a limit on the total benefit payments per calendar year. A more detailed description of the benefits, limitations, and exclusions applicable to you can be found in the Disclosure Statement or Outline of Coverage/Disclosure Document. Please contact MetLife for more information.]

Metropolitan Life Insurance Company, New York, NY 10166

[L0411172448[exp0612][xFL]

**Click here if you do not wish to receive any future communication about this opportunity to enroll for the Critical Illness Insurance coverage.**

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CI130.11



**[Log in screen]**

Hi [First Name],

Critical Illness Insurance from MetLife

**[Limited-time Opportunity  
to Enroll for Coverage]**

For verification purposes, please enter [your 8 digit Employee ID]

➤ \_\_\_\_\_ [SUBMIT]

[If you have any questions, please call 1 800 GET-MET 8 (1-800-438-6388.)]

[Privacy Policy](#)

Metropolitan Life Insurance Company, New York, NY 10166

[ L0411172448[exp0612][xFL]

CI130.11

## Landing Page

[MetLife Logo]

[XYZ Company] Logo]

Critical Illness Insurance from MetLife

### [Limited-time Opportunity to Enroll for Coverage]

#### What is MetLife's Critical Illness Insurance?

[MetLife's Critical Illness Insurance is a voluntary benefit designed to complement but not replace your current medical coverage. Provided you are actively at work and have medical insurance, your enrollment will be guaranteed.] The coverage provides you with a lump-sum benefit payment in the event that you or your covered dependent experience one of the covered conditions in the following three distinct categories and meet the policy and certificate requirements:

Category 1 incorporates certain cancer-related conditions: Full Benefit Cancer, Partial Benefit Cancer<sup>1</sup> and Bone Marrow Transplant.

Category 2 incorporates certain heart-related conditions: Heart Attack, Heart Transplant, Stroke<sup>2</sup> and Coronary Artery Bypass Graft<sup>1</sup>.

Category 3 incorporates certain other conditions: Major Organ Transplant (other than bone marrow and heart) and Kidney Failure.

[You can use the lump-sum payment as you see fit, including those costs that are not covered by your existing medical coverage, such as experimental treatments, travel expenses – even childcare fees.]

#### How do I obtain additional information?

[Call 1 800 GET-MET 8 (1-800-438-6388) to speak with a MetLife Customer Service Representative (Monday through Friday, 8:00 a.m. to 6:00 p.m, Eastern Time).]

#### What coverage can I enroll in?

You can select the following coverage amounts for you and your dependents:

- [Employee]: Category benefit amount of \$[XX,XXX]
- Spouse[/Domestic Partner<sup>\*1</sup>]: Category benefit amount of \$[XX,XXX] (provided the employee enrolls for coverage)
- Dependent Child(ren) <sup>\*\*</sup>: Category benefit amount of \$[XX,XXX] per dependent child (provided the employee enrolls for coverage)

## When is coverage effective and how do I pay?

Once you submit your election form, you and your dependent(s) are enrolled for coverage with [a/an] [DATE] effective date. Your Critical Illness Insurance coverage will be paid through payroll deduction.

### [RATE TABLE]

[Monthly] Cost														
Age*	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+
Employee \$XX,XXX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX
Spouse[/Domestic Partner] \$XX,XXX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX
Dependent Children \$XX,XXX	\$X.XX (Dependent child coverage and age limitations vary by state. Please contact MetLife for more Information.)													

\* Calculate your age as of [Date].

[Rates are based on five-year age bands and will increase when a covered person reaches a new age band. Rates are subject to change. Be sure to read the Disclosure Statement for more information including the exclusions and limitations which apply to coverage.]

### Privacy Policy

### Choose Coverage

[1For some types of cancer and a coronary artery bypass graft, you will receive 25% of the category benefit amount. The remaining 75% is available within that category should the employee experience another one of the covered conditions in that category while the certificate is in force. ]

[2 In certain states the covered condition is severe stroke. ]

[\* Coverage for domestic partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information. ]

[\*\* Dependent child coverage and age limitations vary by state. Please contact MetLife for more information. ]

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Metropolitan Life Insurance Company, New York, NY 10166

[L0411172448[exp0612][xFL]]

CI130.11

## Benefit Election Form

Critical Illness  
Insurance from MetLife

1 Please select your MetLife Critical Illness Insurance enrollment option below:

- ☐ Enroll coverage for yourself
- ☐ Decline coverage for yourself

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Select State

Zip \_\_\_\_\_

SSN (format xxx-xx-xxxx):

Date of Birth (format MM/DD/YYYY):

2 Please select your MetLife Critical Illness Insurance enrollment option below for your spouse[/domestic partner\*]:

- ☐ Enroll coverage for your spouse[/domestic partner]
- ☐ Decline coverage for your spouse[/domestic partner]

Spouse[/Domestic Partner]'s First Name:

Spouse[/Domestic Partner]'s Last Name:

Spouse[/Domestic Partner]'s Date of Birth (format MM/DD/YYYY)

3 Please select your MetLife Critical Illness enrollment option below for your children\*\*:

The [ bi-weekly] cost of \$[X.XX] covers all of your children regardless of how many children you have.

- ☐ Enroll coverage for child(ren)
- ☐ Decline coverage for child(ren)

How many child(ren) do you wish to have coverage?

➤ Select One

First Child's First Name

First Child's Last Name

First Child's Date of Birth (format MM/DD/YYYY)

Second Child's First Name

Second Child's Last Name

Second Child's Date of Birth (format MM/DD/YYYY)

[RATE TABLE]

[Monthly] Cost														
Age*	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+
Employee \$XX,XXX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX
Spouse[/Domestic Partner] \$XX,XXX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX
Dependent Children \$XX,XXX	\$X.XX (Dependent child coverage and age limitations vary by state. Please contact MetLife for more Information.)													
* Calculate your age as of [Date].														

[Rates are based on five-year age bands and will increase when a covered person reaches a new age band. Rates are subject to change. ]

[By clicking the "Submit" button below, I declare that I am actively at work on the date of this enrollment and that all persons to be insured have medical coverage in force that provides benefits for medical treatment, including hospital, surgical and medical expenses. If I am not actively at work on the certificate effective date, I understand that coverage will not take effect until I return to the actively at work status.]

Be sure to read the Disclosure Statement for the exclusions, limitations, waiting period and terms applicable to the coverage before electing coverage.

**SUBMIT**

Privacy Policy

[\* Coverage for domestic partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.]

[\*\*Dependent child coverage and age limitations vary by state. Please contact MetLife for more information.]

[Spouse[/Domestic Partner] and Dependent Child coverage is only available if the employee is enrolled for coverage.]

[MetLife Critical Illness Insurance (CII) is a limited group policy. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability vary by state. In most states, there is a 30 to 90 day waiting period after the effective date of coverage and a preexisting condition exclusion. In some states there is a benefit suspension period between covered conditions in different categories or a limit on the total benefit payments per calendar year. A more detailed description of the benefits, limitations, and exclusions applicable to you can be found in the Disclosure Statement or Outline of Coverage/Disclosure Document. Please contact MetLife for more information.]

Metropolitan Life Insurance Company, New York, NY 10166

CI130.11

[L0411172448[exp0612][xFL]

## Thank You/Confirmation Page

Critical Illness  
Insurance from MetLife

Thank you for your Critical Illness  
Insurance enrollment selection:

- **Yourself** \$[XX,XXX]
- **Spouse[/Domestic Partner]** \$[XX,XXX]
- **Child(ren)** \$[XX,XXX]

[Any questions, please call 1 800-GET-MET 8 (1-800-438-6388).]

[Privacy Policy](#)

Metropolitan Life Insurance Company, New York, NY 10166

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[L0411172448[exp0612]][xFL]

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## Supporting Document Schedules

		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Flesch Certification	Approved-Closed	10/04/2011
<b>Bypass Reason:</b>	Not Applicable.		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Application	Approved-Closed	10/04/2011
<b>Bypass Reason:</b>	Not Applicable.		
<b>Comments:</b>			